

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPARTANBURG COUNTY FOUNDATION		D Employer identification number 57-0351398
	Doing business as		E Telephone number (864) 582-0138
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	424 E KENNEDY STREET		G Gross receipts \$ 33,975,854.
City or town, state or province, country, and ZIP or foreign postal code SPARTANBURG, SC 29302		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: TROY M HANNA SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.SPCF.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1943	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE SPARTANBURG COUNTY FOUNDATION IS COMMITTED TO IMPROVING THE LIVES OF SPARTANBURG COUNTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	87
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,465,171.	29,383,814.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,181,574.	2,668,960.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,774,790.	1,737,285.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,421,535.	33,790,059.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,355,802.	12,781,430.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	901,741.	1,003,812.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	143,638.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,679,144.	1,480,798.
19 Revenue less expenses. Subtract line 18 from line 12	16,936,687.	15,266,040.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,484,848.	18,524,019.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	156,091,906.	181,263,172.
		33,486,589.	28,421,034.
		122,605,317.	152,842,138.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	TROY M HANNA, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date 11/04/20	Check if self-employed <input type="checkbox"/>	PTIN P00445891
	Firm's name DIXON HUGHES GOODMAN LLP	Firm's address 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Firm's EIN 56-0747981	Phone no. (828) 254-2254	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE SPARTANBURG COUNTY FOUNDATION IS COMMITTED TO IMPROVING THE LIVES OF SPARTANBURG COUNTY RESIDENTS BY PROMOTING PHILANTHROPY, ENCOURAGING COMMUNITY ENGAGEMENT, AND RESPONDING TO COMMUNITY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,119,278. including grants of \$ 12,781,430.) (Revenue \$) THE SPARTANBURG COUNTY FOUNDATION PARTNERS WITH INDIVIDUALS, FAMILIES, BUSINESSES AND CORPORATIONS, NONPROFITS, AND PROFESSIONAL ADVISORS TO FOSTER CHANGE, SHARE KNOWLEDGE, CONVENE AROUND IMPORTANT ISSUES, AND MAXIMIZE IMPACT IN THE COMMUNITY. WE WORK DIRECTLY WITH DONORS TO FULFILL CHARITABLE GOALS BY PROVIDING A VARIETY OF CUSTOMIZED GIVING OPTIONS, HANDLING FUND ADMINISTRATION, AND OFFERING EXPERTISE ON CURRENT AND LOCAL NEEDS.

IN 2019, THE FOUNDATION AWARDED GRANTS THROUGH ITS RESPONSIVE GRANTMAKING PROGRAM TO 26 NONPROFIT ORGANIZATIONS TO IMPROVE THE LIVES OF SPARTANBURG COUNTY RESIDENTS. ADDITIONALLY, THE FOUNDATION PROVIDED EIGHT NONPROFIT CONNECT LEARNING SESSIONS THAT BUILT THE CAPACITY OF

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,119,278.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-7 (relationships, delegation, changes, assets, members), 7a-b (governance decisions), 8 (documentation), 9 (reachability).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-b (local chapters/policies), 11a-b (Form 990 distribution), 12a-c (conflict of interest policy), 13-14 (whistleblower/retention policies), 15 (compensation review), 16a-b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records TROY M HANNA - (864) 582-0138

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VIC BAILEY, III TRUSTEE	2.00	X						0.	0.	0.
(2) SHERYL M. BOOKER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) JOHN E. BAUKNIGHT, IV CHAIR	2.00	X		X				0.	0.	0.
(4) NANCY BAIN COTE SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(5) BERT D. BARRE TRUSTEE	2.00	X						0.	0.	0.
(6) CATHY H. MCCABE TRUSTEE	2.00	X						0.	0.	0.
(7) TERRY CASH TRUSTEE	2.00	X						0.	0.	0.
(8) TROY M. HANNA PRESIDENT & CEO/ ASST. SECY	40.00			X				206,965.	0.	24,836.
(9) MARY L. THOMAS CHIEF OPERATING OFFICER	40.00			X				150,668.	0.	18,080.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like THE BOYD COMPANY and MCMILLAN PAZDAN SMITH ARCHITECTURE.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,383,814.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,444,905.			
	h	Total. Add lines 1a-1f		29,383,814.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,854,755.		2,854,755.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		185,795.			
	7 c	Gain or (loss)		-185,795.			
	d	Net gain or (loss)		-185,795.		-185,795.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a					
b	Less: direct expenses	8 b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
b	Less: direct expenses	9 b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
b	Less: cost of goods sold	10 b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	FEES	900099	1,714,313.	1,714,313.		
	b	OTHER INCOME	900099	15,822.		15,822.	
	c	TRUST INCOME	900099	7,150.	7,150.		
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,737,285.			
12	Total revenue. See instructions		33,790,059.	1,721,463.	0.	2,684,782.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,175,009.	12,175,009.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	606,421.	606,421.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	357,633.	158,865.	139,493.	59,275.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	412,374.	36,483.	375,891.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,092.	20,573.	56,509.	4,010.
9 Other employee benefits	101,011.	25,626.	70,390.	4,995.
10 Payroll taxes	51,702.	13,117.	36,029.	2,556.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	63,602.	16,136.	44,321.	3,145.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	893,192.	840,601.	17,885.	34,706.
12 Advertising and promotion				
13 Office expenses	125,832.	27,358.	83,097.	15,377.
14 Information technology				
15 Royalties				
16 Occupancy	60,939.	15,460.	42,465.	3,014.
17 Travel	15,760.	13,284.	2,476.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	36,367.	35,460.	811.	96.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,810.	16,442.	45,163.	3,205.
23 Insurance	28,585.	7,252.	19,920.	1,413.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT	91,011.	23,089.	63,422.	4,500.
b DUES TO OTHER ORGANIZAT	45,774.	33,942.	4,542.	7,290.
c COMMUNITY FUND ANNUAL C	19,448.	19,448.		
d PROGRAM EXPENSE	18,478.	17,712.	710.	56.
e All other expenses	17,000.	17,000.		
25 Total functional expenses. Add lines 1 through 24e	15,266,040.	14,119,278.	1,003,124.	143,638.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	2,250,029.	1	5,012,380.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3	3,431,812.	
	4 Accounts receivable, net		4	3,403.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,709,496.			
	b Less: accumulated depreciation	10b 1,087,232.	5,096,966.	10c	5,622,264.
	11 Investments - publicly traded securities	148,636,428.	11	151,184,537.	
	12 Investments - other securities. See Part IV, line 11		12	12,422,589.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	108,483.	15	3,586,187.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	156,091,906.	16	181,263,172.		
Liabilities	17 Accounts payable and accrued expenses	12,083.	17	516,072.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	33,225,433.	21	27,580,440.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	249,073.	25	324,522.	
	26 Total liabilities. Add lines 17 through 25	33,486,589.	26	28,421,034.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	122,605,317.	27	17,199,811.	
	28 Net assets with donor restrictions		28	135,642,327.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	122,605,317.	32	152,842,138.	
33 Total liabilities and net assets/fund balances	156,091,906.	33	181,263,172.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,790,059.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,266,040.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,524,019.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	122,605,317.
5	Net unrealized gains (losses) on investments	5	7,560,527.
6	Donated services and use of facilities	6	-20,626.
7	Investment expenses	7	
8	Prior period adjustments	8	-144,775.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,317,676.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	152,842,138.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,483,917.	11,842,566.	12,998,377.	16,465,171.	29,383,814.	88,173,845.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,483,917.	11,842,566.	12,998,377.	16,465,171.	29,383,814.	88,173,845.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						88,173,845.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	17,483,917.	11,842,566.	12,998,377.	16,465,171.	29,383,814.	88,173,845.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,684,758.	2,839,612.	3,205,319.	2,015,339.	2,854,755.	12,599,783.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		10,036,736.	9,570,001.		1,737,285.	21,344,022.
11 Total support. Add lines 7 through 10						122,117,650.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	72.20	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	69.31	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 236,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 698,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 103,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 9,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 231,326.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 50,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 40,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 27,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 21,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 42,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 16,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 74,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 227,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 25,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 13,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 101,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 10,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 5,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 20,318.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 118,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 293,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 322,542.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 395,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 6,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 32,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ 51,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 16,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 13,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ 34,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ 189,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ 203,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 96,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 8,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 300,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	 <hr/> <hr/> <hr/>	\$ 128,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80	 <hr/> <hr/> <hr/>	\$ 100,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81	 <hr/> <hr/> <hr/>	\$ 2,002,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	 <hr/> <hr/> <hr/>	\$ 19,512.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	 <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	 <hr/> <hr/> <hr/>	\$ 13,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 81,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 14,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 78,646.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 116,003.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ _____	\$ 30,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 35,129.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 46,209.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ 2,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ 275,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ 297,900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ 50,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 25,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 15,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 55,932.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 23,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 67,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 5,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 10,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 10,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 10,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 53,345.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	_____ _____ _____	\$ 21,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ 13,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ 12,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ 57,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 20,807.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 9,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 8,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 7,839.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 5,570.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 21,214.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 46,663.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 23,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 11,559.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 6,807.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 10,370.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	<hr/> <hr/> <hr/>	\$ 60,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 5,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 10,370.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<hr/> <hr/> <hr/>	\$ 25,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ 6,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ 17,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ 12,887.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ 10,229.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ 49,239.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ 32,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ 179,393.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<hr/> <hr/> <hr/>	\$ 25,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ 16,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	 <hr/> <hr/> <hr/>	\$ 10,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	 <hr/> <hr/> <hr/>	\$ 551,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	 <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	 <hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	_____ _____ _____	\$ 17,492.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ _____	\$ 10,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ _____	\$ 28,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ _____	\$ 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ _____	\$ 147,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	 <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	 <hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	 <hr/> <hr/> <hr/>	\$ 205,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	 <hr/> <hr/> <hr/>	\$ 199,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	 <hr/> <hr/> <hr/>	\$ 5,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	_____ _____ _____	\$ 7,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	_____ _____ _____	\$ 36,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	<hr/> <hr/> <hr/>	\$ 16,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ 21,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ 155,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<hr/> <hr/> <hr/>	\$ 118,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	<hr/> <hr/> <hr/>	\$ 42,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ 10,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ 8,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ 40,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ 10,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ 6,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	<hr/> <hr/> <hr/>	\$ 10,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<hr/> <hr/> <hr/>	\$ 340,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	<hr/> <hr/> <hr/>	\$ 28,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ 15,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	<hr/> <hr/> <hr/>	\$ 12,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<hr/> <hr/> <hr/>	\$ 13,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	<hr/> <hr/> <hr/>	\$ 1,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	<hr/> <hr/> <hr/>	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	 	\$ 8,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	 	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	 	\$ 8,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	 	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	 	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	_____ _____ _____	\$ 233,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	_____ _____ _____	\$ 102,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	_____ _____ _____	\$ 7,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	_____ _____ _____	\$ 8,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	_____ _____ _____	\$ 450,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	_____ _____ _____	\$ 393,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	_____ _____ _____	\$ 131,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	_____ _____ _____	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	<hr/> <hr/> <hr/>	\$ 297,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	_____ _____ _____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	_____ _____ _____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	_____ _____ _____	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	_____ _____ _____	\$ 63,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	STOCK _____ _____ _____	\$ 231,326.	12/18/19
23	EVENT SUPPLIES _____ _____ _____	\$ 529.	12/31/19
27	VIDEO PRODUCTION SERVICES _____ _____ _____	\$ 5,500.	04/17/19
34	STOCK _____ _____ _____	\$ 20,318.	11/08/19
52	LAND _____ _____ _____	\$ 395,000.	12/17/19
79	STOCK _____ _____ _____	\$ 102,979.	03/07/19

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
80	STOCK _____ _____ _____	\$ 100,271.	04/16/19
82	STOCK _____ _____ _____	\$ 19,512.	12/30/19
93	STOCK _____ _____ _____	\$ 78,646.	12/11/19
95	STOCK _____ _____ _____	\$ 116,003.	12/31/19
97	STOCK _____ _____ _____	\$ 29,518.	04/04/19
98	STOCK _____ _____ _____	\$ 35,129.	12/31/19

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
99	STOCK _____ _____ _____	\$ 46,209.	12/18/19
100	COLLAGE PAINTING BY BETTY BRAMLETT _____ _____ _____	\$ 2,000.	12/31/19
101	STOCK _____ _____ _____	\$ 261,923.	12/18/19
102	STOCK _____ _____ _____	\$ 297,900.	07/25/19
110	STOCK _____ _____ _____	\$ 55,932.	12/31/19
112	STOCK _____ _____ _____	\$ 23,101.	12/17/19

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
113	STOCK _____ _____ _____	\$ 67,772.	11/22/19
120	STOCK _____ _____ _____	\$ 53,345.	12/31/19
121	STOCK _____ _____ _____	\$ 20,006.	06/14/19
125	STOCK _____ _____ _____	\$ 50,856.	07/19/19
129	STOCK _____ _____ _____	\$ 20,807.	08/15/19
133	STOCK _____ _____ _____	\$ 5,570.	05/07/19

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
134	STOCK _____ _____ _____	\$ 21,214.	04/05/19
136	STOCK _____ _____ _____	\$ 46,663.	12/20/19
143	STOCK _____ _____ _____	\$ 1,063.	12/18/19
145	STOCK _____ _____ _____	\$ 6,807.	09/23/19
147	STOCK _____ _____ _____	\$ 10,370.	08/28/19
149	PERSONAL LIBRARY OF NON-PROFIT MANAGEMENT BOOKS _____ _____ _____	\$ 5,000.	08/23/19

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
156	STOCK _____ _____ _____	\$ 10,370.	12/20/19
160	STOCK _____ _____ _____	\$ 12,250.	07/16/19
164	STOCK _____ _____ _____	\$ 10,229.	07/19/19
165	STOCK _____ _____ _____	\$ 49,239.	12/20/19
167	STOCK _____ _____ _____	\$ 179,393.	01/15/19
181	STOCK _____ _____ _____	\$ 17,492.	07/25/19

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
182	STOCK _____ _____ _____	\$ 10,212.	10/15/19
183	STOCK _____ _____ _____	\$ 24,451.	03/26/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization SPARTANBURG COUNTY FOUNDATION **Employer identification number** 57-0351398

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	181	
2 Aggregate value of contributions to (during year)	6,166,111.	
3 Aggregate value of grants from (during year)	2,855,269.	
4 Aggregate value at end of year	41,108,496.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,423,199.		2,423,199.
b Buildings		2,634,741.	989,097.	1,645,644.
c Leasehold improvements				
d Equipment				
e Other		1,651,556.	98,135.	1,553,421.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,622,264.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) OTHER INVESTMENTS	12,422,589.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	12,422,589.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	324,522.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	324,522.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	46,624,259.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 7,560,527.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 5,273,673.		
e	Add lines 2a through 2d		2e	12,834,200.
3	Subtract line 2e from line 1		3	33,790,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	33,790,059.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	16,242,663.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 20,626.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 955,997.		
e	Add lines 2a through 2d		2e	976,623.
3	Subtract line 2e from line 1		3	15,266,040.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	15,266,040.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN 4,056,570.
 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 1,217,103.

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XI, LINE 2D 5,273,673.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN 955,997.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **SPARTANBURG COUNTY FOUNDATION** Employer identification number **57-0351398**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A SPOT OF PRIDE BEAUTIFICATION FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	167,380.	0.			GENERAL SUPPORT
ADULT LEARNING CENTER, INC. 145 NORTH CHURCH STREET, #82 SPARTANBURG, SC 29306	57-1006834	501 (C) (3)	60,151.	0.			GENERAL SUPPORT
ALOTIAN CHARITABLE EVENTS, INC. 101 ALOTIAN DRIVE ROLAND, AR 72135	83-1757253	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES, IA 50340-2900	13-5613797	501 (C) (3)	5,050.	0.			GENERAL SUPPORT
ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621	57-0324906	501 (C) (3)	14,850.	0.			GENERAL SUPPORT
ANGELS CHARGE MINISTRY 95 ASHLEY ST. SPARTANBURG, SC 29307	82-1763094	501 (C) (3)	17,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 219.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL ALLIES, INC. 1097 ASHEVILLE HIGHWAY SPARTANBURG, SC 29303	57-1098821	501 (C) (3)	60,500.	0.			GENERAL SUPPORT
ANNUAL MEETING FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	6,650.	0.			GENERAL SUPPORT
ARCADIA MASONIC LODGE PO BOX 123 DRAYTON, SC 29333	23-7537719	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
BALLET SPARTANBURG, INC. 200 E. ST. JOHN STREET SPARTANBURG, SC 29306	57-0658124	501 (C) (3)	14,781.	0.			GENERAL SUPPORT
BAPTIST MEDICAL & DENTAL MISSION INTERNATIONAL INC - 11 PLAZA DRIVE - HATTIESBURG, MS 39402	64-0811705	501 (C) (3)	9,822.	0.			GENERAL SUPPORT
BENJAMIN HOUSE MINISTRIES PO BOX 21 MOORE, SC 29369	47-2201927	501 (C) (3)	230,000.	0.			GENERAL SUPPORT
BIRTHMATTERS PO BOX 5163 SPARTANBURG, SC 29304	45-4900759	501 (C) (3)	5,250.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF THE UPSTATE, INC. - PO BOX 2794 - SPARTANBURG, SC 29304	57-0862226	501 (C) (3)	58,686.	0.			GENERAL SUPPORT
BPW/SC LEGACY DESIGNATED FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	42,721.	0.			GENERAL SUPPORT

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BUFORD STREET UNITED METHODIST CHURCH - 120 EAST BUFORD STREET - GAFFNEY, SC 29340	57-0422126	CHURCH	6,072.	0.			GENERAL SUPPORT
BUSINESS AND PROFESSIONAL WOMEN OF SOUTH CAROLINA - 600 BRISTOL COURT - SPARTANBURG, SC 29301	91-1790716	501 (C) (3)	14,949.	0.			GENERAL SUPPORT
BUZZARDS BAY COALITION, INC. 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501 (C) (3)	20,200.	0.			GENERAL SUPPORT
CAMPBELL UNIVERSITY PO BOX 36 BUIES CREEK, NC 27506	56-0529940	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-9841	95-6006173	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
CANCER ASSOCIATION OF SPARTANBURG & CHEROKEE COUNTIES, INC. - 295 EAST MAIN STREET, SUITE #100 - SPARTANBURG, SC 29304	57-0526068	501 (C) (3)	7,320.	0.			GENERAL SUPPORT
CENTER FOR PHILANTHROPY CAPITAL CAMPAIGN FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	409,471.	0.			GENERAL SUPPORT
CENTRAL UNITED METHODIST CHURCH 233 N. CHURCH STREET SPARTANBURG, SC 29306	57-0314370	CHURCH	6,000.	0.			GENERAL SUPPORT
CHAPMAN CULTURAL CENTER 200 EAST ST. JOHN STREET SPARTANBURG, SC 29306	57-0986224	501 (C) (3)	135,600.	0.			GENERAL SUPPORT

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CHARLES LEA CENTER FOUNDATION, INC. FOUNDER'S FUND HONORING MARIANNA BLACK HABIS - 424 EAST KENNEDY STREET - SPARTANBURG, SC	57-0351398	501 (C) (3)	11,200.	0.			GENERAL SUPPORT
CHARLESTON SOUTHERN UNIVERSITY PO BOX 118087 CHARLESTON, SC 29406	57-0474291	501 (C) (3)	13,125.	0.			GENERAL SUPPORT
CHILDREN'S ADVOCACY CENTER OF SPARTANBURG, CHEROKEE AND UNION COUNTIES, INC. - 100 WASHINGTON PLACE - SPARTANBURG, SC 29302	57-0987436	501 (C) (3)	6,136.	0.			GENERAL SUPPORT
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 1855 EAST MAIN STREET, SUITE 14, BOX 101 - SPARTANBURG, SC 29307	20-2511033	501 (C) (3)	43,643.	0.			GENERAL SUPPORT
CHRIST SCHOOL, INC. 500 CHRIST SCHOOL ROAD ARDEN, NC 28704	56-0615187	501 (C) (3)	5,400.	0.			GENERAL SUPPORT
CHRISTMAS IN ACTION P.O. BOX 5852 SPARTANBURG, SC 29304	56-2015602	501 (C) (3)	16,000.	0.			GENERAL SUPPORT
CITIZEN SCHOLAR ANNUAL OPERATION FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	189,434.	0.			GENERAL SUPPORT
CITIZEN SCHOLARS 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,050.	0.			GENERAL SUPPORT
CITIZEN SCHOLARS GENERAL FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	105,900.	0.			GENERAL SUPPORT

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CITY OF LANDRUM 100 N. SHAMROCK AVENUE LANDRUM, SC 29356	57-6001419	GOVERNMENT	7,500.	0.			GENERAL SUPPORT
CITY OF SPARTANBURG PO BOX 1749 SPARTANBURG, SC 29304	57-6000245	GOVERNMENT	45,300.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY 391 COLLEGE AVE., STE. 203 CLEMSON, SC 29634	57-6000254	501 (C) (3)	54,875.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY FOUNDATION 135 OLD GREENVILLE HWY CLEMSON, SC 29631	57-0426335	501 (C) (3)	35,200.	0.			GENERAL SUPPORT
COALITION OF ACTIVE YOUTH FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	14,500.	0.			GENERAL SUPPORT
COLLEGE OF CHARLESTON 170 CALHOUN STREET CHARLESTON, SC 29424	23-7069236	501 (C) (3)	7,013.	0.			GENERAL SUPPORT
CONVERSE COLLEGE 580 E. MAIN STREET SPARTANBURG, SC 29302	57-0314380	501 (C) (3)	147,756.	0.			GENERAL SUPPORT
CONVERSE HEIGHTS TREE FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	18,000.	0.			GENERAL SUPPORT
CROSS ANCHOR YARBOROUGH CHAPEL UNITED METHODIST CHURCH - PO BOX 4 - CROSS ANCHOR, SC 29331	57-0711102	CHURCH	5,668.	0.			GENERAL SUPPORT

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CUTTYHUNK PUBLIC LIBRARY PO BOX 28 CUTTYHUNK, MA 02713	04-6001158	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
DARLINGTON SCHOOL 1014 CAVE SPRING ROAD ROME, GA 30161	58-0566169	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE OFFICE OF PLANNED GIVING DAVIDSON, NC 28035	56-0529961	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
DETERMINED TO SOAR FUND 644 RUTLEDGE STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
DISTRICT SEVEN ARTWORK FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	230,000.	0.			GENERAL SUPPORT
DISTRICT SEVEN FOUNDATION FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	75,290.	0.			GENERAL SUPPORT
EDENTON STREET UMC 228 W. EDENTON ST. RALEIGH, NC 27603-1790	56-1030056	CHURCH	7,250.	0.			GENERAL SUPPORT
EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE - 350 HOWARD ST. - SPARTANBURG, SC 29303	54-2052107	501 (C) (3)	10,050.	0.			GENERAL SUPPORT
ELLEN HINES SMITH MEMORIAL SCHOLARSHIP FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	51,823.	0.			GENERAL SUPPORT

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EMERGE FAMILY THERAPY CENTER AND TEACHING CLINIC - 138 DILLON DRIVE - SPARTANBURG, SC 29307	57-0979351	501 (C) (3)	12,274.	0.			GENERAL SUPPORT
EMORY UNIVERSITY 200 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
ENDOWMENT FUND OF FIFTY UPSTATE 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	118,017.	0.			GENERAL SUPPORT
ERSKINE COLLEGE 2 WASHINGTON ST DUE WEST, SC 29639	57-0314390	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
FAITH HOPE LOVE CHRISTIAN MINISTRIES - PO BOX 299 - COWPENS, SC 29330	90-0654988	501 (C) (3)	6,658.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 117 SPARTANBURG, SC 29304	44-0610626	501 (C) (3)	42,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF SPARTANBURG - 250 E MAIN STREET - SPARTANBURG, SC 29306	57-0339440	CHURCH	265,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 393 E. MAIN STREET SPARTANBURG, SC 29302	57-0314439	CHURCH	164,024.	0.			GENERAL SUPPORT
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	501 (C) (3)	24,813.	0.			GENERAL SUPPORT

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GENDER BENDERS 201 IVY ACRES DRIVE PIEDMONT, SC 29673	46-3989884	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
GEORGIA TECH FOUNDATION 760 SPRING STREET, NW, STE 400 ATLANTA, GA 30308	58-6043294	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF SOUTH CAROLINA-MOUNTAINS TO MIDLANDS, INC. - 412 EAST BUTLER ROAD - MAULDIN, SC 29662	57-0314433	501 (C) (3)	17,300.	0.			GENERAL SUPPORT
GIRLS ON THE RUN UPSTATE SC PO BOX 170773 SPARTANBURG, SC 29301	26-3698330	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
GOFORTH RECOVERY PO BOX 6560 SPARTANBURG, SC 29302	82-4428586	501 (C) (3)	8,600.	0.			GENERAL SUPPORT
GRACE NORTH ATLANTA PO BOX 638 ALPHARETTA, GA 30009	26-0347259	CHURCH	15,459.	0.			GENERAL SUPPORT
GREENVILLE TECHNICAL COLLEGE PO BOX 5616 GREENVILLE, SC 29606-5106	57-0565961	501 (C) (3)	5,464.	0.			GENERAL SUPPORT
GREER COMMUNITY OUTREACH CENTER, INC. - 415 EAST POINSETT STREET - GREER, SC 29651	57-1051410	501 (C) (3)	10,200.	0.			GENERAL SUPPORT
H.A.L.T.E.R. 1400 CAROLINA COUNTRY CLUB RD SPARTANBURG, SC 29304	57-0864733	501 (C) (3)	32,100.	0.			GENERAL SUPPORT

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HABITAT FOR HUMANITY OF SPARTANBURG, INC. - 2270 SOUTH PINE STREET - SPARTANBURG, SC 29302	57-0849669	501 (C) (3)	88,050.	0.			GENERAL SUPPORT
HATCHER GARDEN AND WOODLAND PRESERVE, INC. - PO BOX 2337 - SPARTANBURG, SC 29304	57-1069038	501 (C) (3)	224,918.	0.			GENERAL SUPPORT
HEALTHY SMILES OF SPARTANBURG, INC. - PO BOX 1441 - SPARTANBURG, SC 29304	03-0529473	501 (C) (3)	20,300.	0.			GENERAL SUPPORT
HEALTHY SMILES OF SPARTANBURG, INC. GENERAL FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	6,679.	0.			GENERAL SUPPORT
HERITAGE CLUB ENDOWMENT FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
HOMELESS NO MORE 2711 MIDDLEBURG DRIVE, SUITE 308 COLUMBIA, SC 29204	57-0898981	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
HOPE CENTER FOR CHILDREN 202 HUDSON L BARKSDALE BLVD SPARTANBURG, SC 29306	57-0601487	501 (C) (3)	116,133.	0.			GENERAL SUPPORT
HOPE POINT COMMUNITY CHURCH PO BOX 170151 SPARTANBURG, SC 29301	42-1575386	CHURCH	40,000.	0.			GENERAL SUPPORT
HOPE REMAINS YOUTH RANCH 1771 JOHN DODD ROAD WELLFORD, SC 29385	26-0554902	501 (C) (3)	18,500.	0.			GENERAL SUPPORT

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HUB CITY ANIMAL PROJECT 127 DUNBAR ST. SPARTANBURG, SC 29306	82-3535935	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
HUB CITY ANIMAL PROJECT (HCAP) FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	66,775.	0.			GENERAL SUPPORT
HUB CITY FARMER'S MARKET 298 MAGNOLIA STREET SPARTANBURG, SC 29306	56-2370088	501 (C) (3)	16,000.	0.			GENERAL SUPPORT
HUB CITY HOG FEST, INC. PO BOX 1290 SPARTANBURG, SC 29304	47-2576751	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
HUB CITY WRITERS PROJECT, INC. 186 WEST MAIN STREET SPARTANBURG, SC 29306	57-1059259	501 (C) (3)	16,500.	0.			GENERAL SUPPORT
IASIS CHRIST FELLOWSHIP APOSTOLIC NETWORK - 2801 CALENDAR COURT - FORT COLLINS, CO 80526	84-1112874	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
IMPACT SPORTS INTERNATIONAL PO BOX 5765 SPARTANBURG, SC 29304	20-3995547	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - PO BOX 22761 - CHARLESTON, SC 29413	20-3398254	501 (C) (3)	9,666.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF UPSTATE SC 530 HOWELL ROAD, SUITE 103 GREENVILLE, SC 29615	57-0547967	501 (C) (3)	16,000.	0.			GENERAL SUPPORT

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KEEP THE CHANGE, INC. PO BOX 650723 STERLING, VA 20165	45-2641038	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
KENT A. BEESON MEMORIAL SCHOLARSHIP FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
KENYON COLLEGE EDELSTEIN HOUSE GAMBIER, OH 43022	31-4379507	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
LANDER UNIVERSITY 320 STANLEY AVENUE GREENWOOD, SC 29649	13-1921358	501 (C) (3)	6,575.	0.			GENERAL SUPPORT
LANDRUM MUNICIPAL PROJECTS FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	34,929.	0.			GENERAL SUPPORT
LANDRUM PRESBYTERIAN CHURCH GENERAL FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	8,248.	0.			GENERAL SUPPORT
LEADERSHIP SPARTANBURG ALUMNI ASSOCIATION - PO BOX 2561 - SPARTANBURG, SC 29302	57-0898673	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
LENOIR-RHYNE UNIVERSITY PO BOX 7227 HICKORY, NC 28603	56-0556753	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
MARY W. AND JOHN T. WARDLAW TRUSTEE INITIATED FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

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MARY W. WARDLAW COMMUNITY FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	148,855.	0.			GENERAL SUPPORT
MEDIATRIX SC, INC. P. O. BOX 905 GREER, SC 29652-0905	06-1663323	501 (C) (3)	8,269.	0.			GENERAL SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - PO BOX 250176 - CHARLESTON, SC 29425	57-6028985	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
MENTAL FITNESS, INC. 160 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	20-8489636	501 (C) (3)	5,850.	0.			GENERAL SUPPORT
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	57-1077940	501 (C) (3)	18,608.	0.			GENERAL SUPPORT
MILL CITY CHURCH PO BOX 1753 FORT COLLINS, CO 80522	45-3043297	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
MOBILE MEAL SERVICE OF SPARTANBURG COUNTY INC. - PO BOX 461 - SPARTANBURG, SC 29304	57-0653452	501 (C) (3)	64,337.	0.			GENERAL SUPPORT
NAZARETH PRESBYTERIAN CHURCH 680 NAZARETH CHURCH RD. MOORE, SC 29369	57-6024361	CHURCH	56,039.	0.			GENERAL SUPPORT
NEW DAY, INC. OF SPARTANBURG 325 S. CHURCH STREET SPARTANBURG, SC 29306	57-0840012	CHURCH	5,933.	0.			GENERAL SUPPORT

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NEW HOPE BAPTIST CHURCH PO BOX 100 CROSS ANCHOR, SC 29331	57-0624595	CHURCH	12,459.	0.			GENERAL SUPPORT
NEW LIFE BAPTIST CHURCH 350 OLD FURNACE ROAD BOILING SPRINGS, SC 29316	20-5333834	CHURCH	33,600.	0.			GENERAL SUPPORT
NORTH GREENVILLE UNIVERSITY PO BOX 1892 TIGERVILLE, SC 29688	57-0314406	501 (C) (3)	5,625.	0.			GENERAL SUPPORT
NORTHSIDE DEVELOPMENT CORPERATION 698 HOWARD STREET SPARTANBURG, SC 29304	30-0698663	501 (C) (3)	60,575.	0.			GENERAL SUPPORT
NORTHSIDE DEVELOPMENT GROUP 698 HOWARD STREET SPARTANBURG, SC 29304	30-0698663	501 (C) (3)	984,498.	0.			GENERAL SUPPORT
NSEM ECONOMIC MOBILITY INITIATIVE FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
P.S. I LOVE YOU MINISTRIES PO BOX 162242 BOILING SPRINGS, SC 29316	45-3777027	501 (C) (3)	16,868.	0.			GENERAL SUPPORT
PALMETTO CONSERVATION FOUNDATION PO BOX 325 GLENDALE, SC 29346-0325	57-0442620	501 (C) (3)	21,000.	0.			GENERAL SUPPORT
PALMETTO COUNCIL BOY SCOUTS OF AMERICA, INC. - 420 S. CHURCH STREET - SPARTANBURG, SC 29306	22-1576300	501 (C) (3)	9,900.	0.			GENERAL SUPPORT

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PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	54-2111221	501 (C) (3)	162,807.	0.			GENERAL SUPPORT
PFLAG SPARTANBURG PO BOX 171375 SPARTANBURG, SC 29301	04-3627784	501 (C) (3)	18,500.	0.			GENERAL SUPPORT
PIEDMONT CARE, INC. 101 NORTH PINE STREET, SUITE 200 SPARTANBURG, SC 29302	57-1036204	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
PK OUTREACH INC. 140 HILLS BRIDGE ROAD INMAN, SC 29349	57-1026176	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
PRESBYTERIAN COLLEGE PO BOX 975 CLINTON, SC 29325	57-0314408	501 (C) (3)	16,610.	0.			GENERAL SUPPORT
PRESTON HOLLOW PRESBYTERIAN CHURCH FOUNDATION - 9800 PRESTON ROAD - DALLAS, TX 75230	75-2361810	CHURCH	5,000.	0.			GENERAL SUPPORT
PRIDE LINK 316 WEST STONE AVENUE GREENVILLE, SC 29609	83-1095678	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
PROJECT HOPE FOUNDATION 751 E. GEORGIA RD. WOODRUFF, SC 29388	58-2324540	501 (C) (3)	16,500.	0.			GENERAL SUPPORT
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICE BOWL, INC. 951 SOUTH PINE STREET, SUITE 252 SPARTANBURG, SC 29302	57-0818664	501 (C) (3)	10,500.	0.			GENERAL SUPPORT
RUTH'S GLEANINGS 147 CHAPEL STREET SPARTANBURG, SC 29303	82-4277688	501 (C) (3)	16,000.	0.			GENERAL SUPPORT
SAINT LEO UNIVERSITY UNIVERSITY CAMPUS PO BOX 6665 SAINT LEO, FL 33574-6665	59-1237047	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
SC SCHOOL FOR THE DEAF AND THE BLIND - 355 CEDAR SPRINGS ROAD - SPARTANBURG, SC 29302	57-0693592	501 (C) (3)	41,185.	0.			GENERAL SUPPORT
SC SCHOOL FOR THE DEAF AND THE BLIND FOUNDATION, INC. - 355 CEDAR SPRINGS ROAD - SPARTANBURG, SC 29302	57-0693592	501 (C) (3)	54,950.	0.			GENERAL SUPPORT
SC TEST PREP 139 WEST MAIN STREET SPARTANBURG, SC 29306	46-2102643	501 (C) (3)	7,200.	0.			GENERAL SUPPORT
SCCF DR. JOHN SMITH AND NORA BETH FEATHERSTON FAMILY MEMORIAL SCHOLARSHIP FUND - PO BOX 4386 - SPARTANBURG, SC 29305	57-0351398	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SEWANEE: THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383	62-0475697	501 (C) (3)	33,000.	0.			GENERAL SUPPORT
SIDEWALK HOPE PO BOX 154 SPARTANBURG, SC 29304	82-0999755	501 (C) (3)	5,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE BAPTIST CHURCH 445 SUNSET ROAD LANDRUM, SC 29356	57-0787025	CHURCH	10,000.	0.			GENERAL SUPPORT
SPARTANBURG ACADEMIC MOVEMENT 349 EAST MAIN STREET, SUITE 101 SPARTANBURG, SC 29302	45-2104341	501 (C) (3)	541,000.	0.			GENERAL SUPPORT
SPARTANBURG AREA CONSERVANCY 100 E MAIN STREET, SUITE 7B SPARTANBURG, SC 29306	57-0885225	501 (C) (3)	23,630.	0.			GENERAL SUPPORT
SPARTANBURG ART MUSEUM 200 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	23-7041876	501 (C) (3)	48,064.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY BAND, INC. PO BOX 162221 BOILING SPRINGS, SC 29316	57-1036257	501 (C) (3)	9,000.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY COLLEGE 107 COMMUNITY COLLEGE DRIVE SPARTANBURG, SC 29303	57-0751500	501 (C) (3)	15,922.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY COLLEGE FOUNDATION - 107 COMMUNITY COLLEGE DR. - SPARTANBURG, SC 29303	57-0751500	501 (C) (3)	644,936.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY COLLEGE FOUNDATION ENDOWMENT FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	102,000.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY HISTORICAL ASSOCIATION, INC. - PO BOX 887 - SPARTANBURG, SC 29304	57-6025123	501 (C) (3)	215,255.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG COUNTY SCHOOL DISTRICT 1390 CAVALIER WAY MOORE, SC 29369	57-0741993	GOVERNMENT	170,281.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN - PO BOX 970 - SPARTANBURG, SC 29307	57-6000942	GOVERNMENT	84,040.	0.			GENERAL SUPPORT
SPARTANBURG DAY SCHOOL 1701 SKYLYN DRIVE SPARTANBURG, SC 29307	57-0371816	501 (C) (3)	141,745.	0.			GENERAL SUPPORT
SPARTANBURG DUCKS UNLIMITED 405 MUSTANG DRIVE SPARTANBURG, SC 29307	13-5643799	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
SPARTANBURG INTERFAITH HOSPITALITY NETWORK (SPIHN) - 899 S. PINE STREET - SPARTANBURG, SC 29302	06-1644643	501 (C) (3)	31,473.	0.			GENERAL SUPPORT
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL ROAD SPARTANBURG, SC 29301	57-0314415	501 (C) (3)	85,053.	0.			GENERAL SUPPORT
SPARTANBURG PHILHARMONIC 200 EAST ST. JOHN STREET SPARTANBAURG, SC 29306	57-0485556	501 (C) (3)	47,100.	0.			GENERAL SUPPORT
SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION - 101 E. WOOD STREET - SPARTANBURG, SC 29303	57-0937166	501 (C) (3)	215,060.	0.			GENERAL SUPPORT
SPARTANBURG TERRACE TENANTS ASSOCIATION - PO BOX 6905 - SPARTANBURG, SC 29304	57-0961574	501 (C) (3)	17,828.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG URBAN MISSION 147 CHAPEL STREET SPARTANBURG, SC 29303	82-4277688	501 (C) (3)	27,750.	0.			GENERAL SUPPORT
SPEAK FOR ANIMALS PO BOX 24185 GREENVILLE, SC 29616	20-1048883	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
SPEAKING DOWN BARRIERS PO BOX 7133 SPARTANBURG, SC 29304	47-4421330	501 (C) (3)	8,750.	0.			GENERAL SUPPORT
ST. LUKE'S FREE MEDICAL CLINIC, INC. - PO BOX 3466 - SPARTANBURG, SC 29304	57-0943232	501 (C) (3)	100,626.	0.			GENERAL SUPPORT
ST. PAUL THE APOSTLE CATHOLIC CHURCH - 161 NORTH DEAN STREET - SPARTANBURG, SC 29302	57-0327879	CHURCH	10,797.	0.			GENERAL SUPPORT
TEMPLE B'NAI ISRAEL 146 HEYWOOD AVENUE SPARTANBURG, SC 29302	57-6022286	CHURCH	20,625.	0.			GENERAL SUPPORT
THE ADVENT FOUNDATION 141 ADVENT STREET SPARTANBURG, SC 29302	57-0747726	501 (C) (3)	150,000.	0.			GENERAL SUPPORT
THE ADVENT FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	121,763.	0.			GENERAL SUPPORT
THE ANDERSON MILL HISTORICAL FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	750,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOBBY CHAPMAN JUNIOR GOLF FOUNDATION FUND - 619 CRYSTAL DRIVE - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	7,300.	0.			GENERAL SUPPORT
THE CHARLES LEA CENTER FOUNDATION, INC. - 195 BURDETTE STREET - SPARTANBURG, SC 29307	57-0793478	501 (C) (3)	38,025.	0.			GENERAL SUPPORT
THE CITADEL 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
THE CLERK OF COURT COMMUNITY FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	13,297.	0.			GENERAL SUPPORT
THE ENCOURAGING WORD PO BOX 2110 SPARTANBURG, SC 29304	20-1829608	501 (C) (3)	54,500.	0.			GENERAL SUPPORT
THE EPISCOPAL CHURCH OF THE ADVENT 141 ADVENT STREET SPARTANBURG, SC 29302	57-0747726	CHURCH	155,685.	0.			GENERAL SUPPORT
THE GLENN SPRINGS PRESBYTERIAN CHURCH RESTORATION FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
THE GROUP OF 100, INC. PO BOX 3524 SPARTANBURG, SC 29304	58-2480621	501 (C) (3)	14,000.	0.			GENERAL SUPPORT
THE HATCHER GARDEN CAPITAL CAMPAIGN FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HATCHER GARDEN PRESERVATION FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
THE LAKE SUMMIT FOUNDATION 15 WESTMINSTER COURT HENDERSONVILLE, NC 28739	58-1727959	501 (C) (3)	93,900.	0.			GENERAL SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY 201 N. TRYON STREET CHARLOTTE, NC 28202	13-5644916	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
THE NOBLE TREE FOUNDATION.ORG 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-1091856	501 (C) (3)	35,050.	0.			GENERAL SUPPORT
THE POWELL FAMILY FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	199,251.	0.			GENERAL SUPPORT
THE PUTSY AND JOHN WARDLAW EMERGENCY FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	136,062.	0.			GENERAL SUPPORT
THE SALVATION ARMY 1529 JOHN B. WHITE SR. BLVD. SPARTANBURG, SC 29301	58-0660607	501 (C) (3)	6,527.	0.			GENERAL SUPPORT
THE SCF TRUSTEE PROVIDED FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
THE SERVICE AND SACRIFICE ENDOWMENT FUND, IN HONOR OF, MAJOR GENERAL DARWIN H. S - 424 EAST KENNEDY STREET - SPARTANBURG, SC	57-0351398	501 (C) (3)	12,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHEPHERD'S CENTER OF SPARTANBURG, SC, INC. - 393 E MAIN ST - SPARTANBURG, SC 29302	57-0691077	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
THE SPARTANBURG COUNTY FOUNDATION COMMUNITY FUND - 424 E. KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	27,218.	0.			GENERAL SUPPORT
THE SPARTANBURG HUMANE SOCIETY 150 DEXTER ROAD SPARTANBURG, SC 29303	57-0481019	501 (C) (3)	39,043.	0.			GENERAL SUPPORT
THE SPARTANBURG SOUP KITCHEN INC. 136 SOUTH FOREST STREET SPARTANBURG, SC 29306	27-0530812	501 (C) (3)	20,441.	0.			GENERAL SUPPORT
THE TREES COALITION PO BOX 6835 SPARTANBURG, SC 29304	20-8872959	501 (C) (3)	9,200.	0.			GENERAL SUPPORT
THE TYGER RIVER FOUNDATION PO BOX 171954 SPARTANBURG, SC 29301	26-1213214	501 (C) (3)	1,004,607.	0.			GENERAL SUPPORT
THOMAS E. HANNAH FAMILY YMCA 151 RIBAUT STREET SPARTANBURG, SC 29302	57-0314425	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
TOM AND CECI ARTHUR DONOR ADVISED FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	27,880.	0.			GENERAL SUPPORT
TOTAL MINISTRIES 976 S. PINE STREET SPARTANBURG, SC 29302	57-0771620	501 (C) (3)	26,616.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREES GREENVILLE PO BOX 9232 GREENVILLE, SC 29604	16-1718587	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 1920 HORSESHOE FALLS ROAD ENOREE, SC 29335	57-0687517	CHURCH	103,532.	0.			GENERAL SUPPORT
TWHICHELL AUDITORIUM MAINTENANCE ENDOWMENT FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
TYGER RIVER CHAPEL FOUNDATION PO BOX 5732 SPARTANBURG, SC 29304	46-3562825	501 (C) (3)	219,207.	0.			GENERAL SUPPORT
TYGER RIVER WATERSHED AND QUALITY OF LIFE FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
U. S. DEPARTMENT OF EDUCATION PO BOX 790321 SAINT LOUIS, MO 63179-0321	52-1198289	GOVERNMENT	18,224.	0.			GENERAL SUPPORT
UNC DEVELOPMENT OFFICE PO BOX 309 CHAPEL HILL, NC 27514	59-1711424	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
UNION COUNTY HEALTH CARE FOUNDATION, INC. - 322 W. SOUTH STREET - UNION, SC 29379	57-0987841	501 (C) (3)	57,794.	0.			GENERAL SUPPORT
UNION/LAURENS COMMISSION FOR HIGHER EDUCATION - PO BOX 729 - UNION, SC 29379	57-6017985	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION/LAURENS COMMISSION FOR HIGHER EDUCATION GEN FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	450,459.	0.			GENERAL SUPPORT
UNITED MITOCHONDRIAL DISEASE FOUNDATION INC. - 8085 SALTSBURG ROAD, SUITE 201 - PITTSBURGH, PA 15239	25-1767180	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT, INC. PO BOX 5624 SPARTANBURG, SC 29304	57-0314377	501 (C) (3)	143,968.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL - CAMPUS BOX 3440, KENAN CENTER 407A - CHAPEL HILL, NC 27599-3440	56-1150509	501 (C) (3)	80,000.	0.			GENERAL SUPPORT
UNIVERSITY OF UTAH 201 S 1460 E, RM 250 S SALT LAKE CITY, UT 84112	87-0616107	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
UNIVERSITY OF WEST GEORGIA FOUNDATION - 1601 MAPLE STREET - CARROLLTON, GA 30118	58-6056464	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
UPSTATE FAMILY RESOURCE CENTER 1850 OLD FURNACE ROAD BOILING SPRINGS, SC 29316	06-1806404	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
UPSTATE FOREVER 507 PETTIGRU STREET GREENVILLE, SC 29601-3116	57-1070433	501 (C) (3)	11,100.	0.			GENERAL SUPPORT
UPSTATE PRIDE SC 823 MEDORA DRIVE GREER, SC 29650	27-1102951	501 (C) (3)	14,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USC UNION PO DRAWER 729 UNION, SC 29379	57-6017985	501 (C) (3)	27,321.	0.			GENERAL SUPPORT
USC UPSTATE 800 UNIVERSITY WAY SPARTANBURG, SC 29303	57-0555699	501 (C) (3)	72,184.	0.			GENERAL SUPPORT
USC UPSTATE FOUNDATION 800 UNIVERSITY WAY SPARTANBURG, SC 29303	57-0555699	501 (C) (3)	226,529.	0.			GENERAL SUPPORT
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	54-0506431	501 (C) (3)	9,875.	0.			GENERAL SUPPORT
WARDLAW EDUCATION FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	148,855.	0.			GENERAL SUPPORT
WASHINGTON AND LEE UNIVERSITY 204 WEST WASHINGTON STREET LEXINGTON, VA 24450	54-0505977	501 (C) (3)	14,000.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 309 FERNWOOD DRIVE SPARTANBURG, SC 29307	57-0424982	CHURCH	128,300.	0.			GENERAL SUPPORT
WESTSIDE NEIGHBORHOOD ASSOCIATION FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	16,000.	0.			GENERAL SUPPORT
WHITLOCK FLEXIBLE LEARNING CENTER 364 SUCCESSFUL DRIVE SPARTANBURG, SC 29303	57-6000942	501 (C) (3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTHROP UNIVERSITY 304 TILLMAN HALL ROCK HILL, SC 29733	23-7378001	501 (C) (3)	11,972.	0.			GENERAL SUPPORT
WOFFORD COLLEGE 429 N. CHURCH STREET SPARTANBURG, SC 29303	57-0314422	501 (C) (3)	108,737.	0.			GENERAL SUPPORT
WOMEN GIVING FOR SPARTANBURG FOUNDERS FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
WOMEN GIVING FOR SPARTANBURG FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	24,150.	0.			GENERAL SUPPORT
WOODRUFF AREA SOUP KITCHEN 340 MCARTHUR STREET WOODRUFF, SC 29388	26-0627717	501 (C) (3)	27,444.	0.			GENERAL SUPPORT
YMCA OF GREATER SPARTANBURG 151 RIBAUT ST. SPARTANBURG, SC 29302	57-0314425	501 (C) (3)	13,160.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	620	606,421.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCH I, SUPPLEMENTAL EXPLANATIONS

TRUSTEE INITIATED GRANTS: THE SPARTANBURG COUNTY FOUNDATION ENTERS A CONTRACTUAL GRANT AGREEMENT WITH THE GRANTEE, WHICH INCLUDES SPECIAL TERMS AND CONDITIONS TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT. THE FOUNDATION, AS A PRACTICE, MONITORS ITS GRANTS AND FUNDED PROGRAMS ON A SEMI ANNUAL AND ANNUAL BASIS, WHICH INCLUDES A WRITTEN REPORT SUBMITTED BY THE GRANTEE, CONCERNING OUTCOMES ACHIEVED, LESSONS LEARNED AND PLANS FOR CONTINUATION OF THE PROGRAM. ADDITIONALLY, PERIODIC SITE VISITS ARE MADE TO ENSURE THE SUCCESSFUL IMPLEMENTATION

Part IV Supplemental Information

OF THE GRANT FUNDED PROGRAM. THE BOARD OF TRUSTEES RECEIVES A FORMAL WRITTEN REPORT AND PRESENTATION ON THE EFFECTIVENESS OF ITS GRANT ALLOCATIONS EACH YEAR.

SUPPORTING ORGANIZATION GRANTS ARE FIRST APPROVED BY THE BOARD OF THE SUPPORTING ORGANIZATION. GRANTS ARE FURTHER REVIEWED BY THE SPARTANBURG COUNTY FOUNDATION TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH OR AS A GOVERNMENTAL AGENCY. IF THE GRANTEE MEETS ONE OF THESE REQUIREMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING. IF NOT, THE GRANT IS DENIED. THE SPARTANBURG COUNTY FOUNDATION BOARD OF TRUSTEES REVIEWS GRANTS AT THEIR REGULARLY SCHEDULED MEETINGS.

DONOR ADVISED FUND GRANTS ARE REVIEWED BY THE SPARTANBURG COUNTY FOUNDATION TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH OR AS A GOVERNMENTAL AGENCY. IF THE GRANTEE MEETS ONE OF THESE REQUIREMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING. IF NOT, THE GRANT IS DENIED. THE SPARTANBURG COUNTY FOUNDATION BOARD OF TRUSTEES REVIEWS GRANTS AT THEIR REGULARLY SCHEDULED MEETINGS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TROY M. HANNA PRESIDENT & CEO/ ASST. SECY	(i)	191,965.	15,000.	0.	24,836.	0.	231,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY L. THOMAS CHIEF OPERATING OFFICER	(i)	140,668.	10,000.	0.	18,080.	0.	168,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATIONS PAYS SOCIAL CLUB DUES FOR THE PRESIDENT POSITION TO

CONDUCT ORGANIZATION BUSINESS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SPARTANBURG COUNTY FOUNDATION** Employer identification number **57-0351398**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	2,000.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		5,000.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33	2,036,876.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	395,000.	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VIDEO PRODUCT)	X	1	5,500.	FMV
26 Other (EVENT SUPPLIE)	X	1	529.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESIDENTS BY PROMOTING PHILANTHROPY, ENCOURAGING COMMUNITY ENGAGEMENT,
AND RESPONDING TO COMMUNITY NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NONPROFIT ORGANIZATIONS, GRADUATED ITS LARGEST CLASS OF LEADERS (35)
FROM THE GRASSROOTS LEADERSHIP DEVELOPMENT INSTITUTE, AND FACILITATED
PROGRAMMING FOR THE SPARTANBURG INTERFAITH ALLIANCE, INCLUDING A
COMMUNITY THANKSGIVING SERVICE. THE FOUNDATION ALSO PARTNERED WITH
LOCAL DONORS, PHILANTHROPISTS, AND BUSINESSES TO RAISE FUNDING FOR THE
CONSTRUCTION OF SOUTH CAROLINA'S FIRST CENTER FOR PHILANTHROPY, A PLACE
WHERE NONPROFITS, DONORS, AND COMMUNITY CAN COME TOGETHER TO EXPLORE
SOLUTIONS AND TACKLE COMMUNITY ISSUES.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 AND ALL ATTACHMENTS ARE PROVIDED TO THE BOARD OF
TRUSTEES FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. AFTER REVIEW AND
APPROVAL BY THE TRUSTEES, THE FOUNDATION'S PRESIDENT SIGNS THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE TRUSTEES AND ALL EMPLOYEES COMPLETE A CONFLICT OF INTEREST
QUESTIONNAIRE ANNUALLY AND THEY ARE REVIEWED BY THE PRESIDENT AND BOARD
CHAIRMAN. IF ANY CONFLICTS OR POTENTIAL CONFLICTS ARE NOTED, THEY ARE
PRESENTED TO THE BOARD AND OTHER APPROPRIATE PERSONNEL FOR FUTURE
REFERENCE.

Name of the organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
---	--

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS SALARIES OF ALL STAFF. THE COMMITTEE USES A NATIONAL COMPENSATION SURVEY FOR NONPROFIT ORGANIZATIONS AND OTHER COMPARATIVE DATA. THE RESULTS ARE PRESENTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FOR INSPECTIONS AT THE OFFICE OF SPARTANBURG COUNTY FOUNDATION, 424 E KENNEDY STREET, SPARTANBURG, SC 29302, TELEPHONE 864-582-0138, BETWEEN THE HOURS OF 9AM AND 5PM, MONDAY THROUGH FRIDAY AND ALSO ON WWW.SPCF.ORG AND WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	1,217,103.
RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN	3,100,573.
TOTAL TO FORM 990, PART XI, LINE 9	4,317,676.

FORM 990, PART XII, LINE 2(C)

THE AUDIT COMMITTEE MEETS WITH THE AUDITOR AND REVIEWS THE AUDITED FINANCIAL STATEMENTS PRIOR TO THE REGULARLY SCHEDULED BOARD OF TRUSTEES MEETING. THE AUDITOR THEN REVIEWS THE AUDIT REPORT WITH THE FULL BOARD DURING THEIR REGULARLY SCHEDULED BOARD MEETING. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization <p style="text-align: center;">SPARTANBURG COUNTY FOUNDATION</p>	Employer identification number <p style="text-align: center;">57-0351398</p>
--	---

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WINGO PARK LLC - 57-0351398 424 E KENNEDY STREET SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA	7,150.	779,061.	SPARTANBURG COUNTY FOUNDATION
SPARTANBURG REAL HOLDINGS LLC - 57-0351398 424 E KENNEDY STREET SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA			SPARTANBURG COUNTY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HABISREUTINGER & BLACK FOUNDATION - 20-5799183, 424 E KENNEDY STREET, SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BALMER FOUNDATION - 56-2206524 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
NOBLE TREE FOUNDATION - 57-1091856 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
JUDY BRADSHAW CHILDREN'S FOUNDATION - 57-1066485, 424 E KENNEDY STREET, SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BEN M. CART FOUNDATION - 46-1035516 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
TENA AND FRED OATES FOUNDATION - 57-1066228 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BARNET FOUNDATION - 58-2319535 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
FALATOK FOUNDATION - 26-0641848 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BENEVOLENT FOUNDATION - 54-2082667 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BAIN FOUNDATION - 57-1060455 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
ZIMMERLI FOUNDATION - 57-1018476 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
PERRIN FOUNDATION - 57-1089465 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
IVEY FOUNDATION - 81-4673524 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HABISREUTINGER & BLACK FOUNDATION	S	250.	
(2) BALMER FOUNDATION	C	1,228,650.	
(3) BALMER FOUNDATION	S	73,631.	
(4) NOBLE TREE FOUNDATION	S	35,623.	
(5) JUDY BRADSHAW CHILDREN'S FOUNDATION	C	5,500.	
(6) JUDY BRADSHAW CHILDREN'S FOUNDATION	S	19,492.	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) BEN M. CART FOUNDATION	S	9,946.	
(8) TENA AND FRED OATES FOUNDATION	S	12,157.	
(9) BARNET FOUNDATION	C	110,890.	
(10) BARNET FOUNDATION	S	30,848.	
(11) FALATOK FOUNDATION	C	30,000.	
(12) FALATOK FOUNDATION	S	10,218.	
(13) LUCY HARPER GRIER BENEVOLENT FOUNDATION	C	5,000.	
(14) LUCY HARPER GRIER BENEVOLENT FOUNDATION	S	20,756.	
(15) BAIN FOUNDATION	C	236,000.	
(16) BAIN FOUNDATION	S	17,037.	
(17) ZIMMERLI FOUNDATION	C	5,450.	
(18) ZIMMERLI FOUNDATION	S	11,752.	
(19) PERRIN FOUNDATION	C	1,100.	
(20) PERRIN FOUNDATION	S	19,289.	
(21) IVEY FAMILY FOUNDATION	S	14,594.	
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SPARTANBURG COUNTY FOUNDATION	Taxpayer identification number (TIN) 57-0351398
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 424 E KENNEDY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPARTANBURG, SC 29302	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TROY M HANNA

- The books are in the care of ▶ 424 E KENNEDY STREET - SPARTANBURG, SC 29302
Telephone No. ▶ (864) 582-0138 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2019 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.